

(1) PLACE OF BIRTH
County of *Charleston*.....
Township of *Charleston*.....
or
Inc. Town of
of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
37848

Registration District No. **10**..... Registered No. **51**
(For use of Local Registrar)
City of *Charleston*..... (No. St., Ward.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *John Smith*..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy	(4) Twin or Triple? X	(5) Number in order of birth X	(6) Are Parents Married? No	(7) DATE OF BIRTH Oct 14, 1915 (Name of Month) (Day), (Year)
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FATHER.

(8) FULL NAME <i>John Smith</i>

(9) PRESENT POSTOFFICE OF FATHER <i>Charleston</i>
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(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY 40 (Years)
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(12) BIRTHPLACE <i>Charleston</i>

(13) OCCUPATION <i>Businessman</i>

(14) Number of children born to mother, including present birth <i>1</i>

(15) NAME BEFORE MARRIAGE <i>John Smith</i>
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(16) PRESENT POSTOFFICE OF MOTHER <i>Charleston</i>

(17) COLOR OR RACE <i>White</i>	(18) AGE AT LAST BIRTHDAY 35 (Years)
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(19) BIRTHPLACE <i>Charleston</i>

(20) OCCUPATION <i>Businesswoman</i>

(21) Number of children of this mother now living, including present birth <i>1</i>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at **11 A.M.**
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. W. Smith* X *Attending Physician*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Charleston *South Carolina*

Given name added from a supplemental report
..... *John*.....
..... *Registrant*.....

(26) Witness *John Smith*.....
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed **10 Oct 1915**. (28) *John Smith*.....
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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WR M.W. McCune